


## MEDICAID AND SCHOOLS DIRECT DATA ENTRY CMS-1500 TRAINING



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<http://www.dmas.virginia.gov>

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### Agenda

- ❑ DMAS Web Portal
  - Features
  - Registration
- ❑ Direct Data Entry
  - How to access
  - Creating and submitting claims
  - Creating Templates
- ❑ Helpful Tips and Resources

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### DMAS Web Portal

#### Secured Portal Features

▪ Claims Direct Data Entry	▪ Provider Portal Secure Email
▪ Claims Status Inquiry	▪ Remittance Advices
▪ Member Eligibility, Co-Pay Amounts and Member Service Limits	▪ EHR Incentive Program
▪ Service Authorization Log	▪ Provider Enrollment
▪ Provider Payment History	▪ Provider Maintenance
	▪ Level of Care Review
	▪ Pre-Admission Screening

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## Medicaid Web Portal Registration

<https://www.virginiamedicaid.dmas.virginia.gov/wps/portal/Webregistration>

- First time users must
  - Establish a User ID
  - Establish a Password
- Registering establishes you as a staff member with administrative rights for the organization
- Assistance with registration or portal issues may be obtained at the Web Support Helpdesk
  - Phone: 866-352-0496
  - Hours: Monday-Friday from 8:00am-5:00pm

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## Claims Direct Data Entry

- Claims DDE function is currently associated with the following types of claims:
  - Professional Claims (CMS-1500)
  - Professional Medicare Part B Crossover Claims (Title XVIII)
  - Institutional Claims (CMS-1450 {UB-04})
  - Institutional Medicare Part A Crossover Claims (CMS-1450 {UB-04})
- Primary Account Holder/Organization Administrator will need to assign roles to staff to access DDE
  - Authorized Staff-Claims**
- Users will have the option to create separate claim forms for submission or save each claim as a separate template for future submissions

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## Accessing Claims DDE

**Welcome to the Virginia DMAS Medicaid Web Portal**

Thank you for registering for access to the Virginia Medicaid Web Portal. You've successfully completed the first step in the registration process.

**If registering in order to enroll as Medicaid provider, please click here to be routed to the online application functionality: Provider Enrollment Application**

As the Primary Account Holder for your organization, you will need to initiate and complete the authentication process for access to secured functionality. For more complete instructions, please refer to the Web Registration Quick Reference.

After the enrollment application is approved, you must then complete the remaining registration steps below, while waiting for completion of the enrollment process, you may begin to establish your organization. To begin creating or modifying a user organization, click Add New Users or View/Edit Users from the Quick Links on the left. For more complete instructions, please refer to the Quick Reference for Establishing a Provider Organization. Once secured access is gained, all users associated with the provider organization will have the secured access associated to their security role.

If you are a new user associated with a provider not currently enrolled in the Virginia Medicaid Program, you will need to wait for Provider Enrollment Services to approve your application before you can request secured access.

**Step 2 - Request secured access for your organization** - click here to Request Secured Access or on the Request secured access link in the Quick Links on the left. Your security profile will be displayed along with three validation questions.

**Step 3 - Successfully complete a one-time verification process of 3 questions** - select three unique questions from the provider related questions. Complete answers to these relate to the left associated to the organization. After clicking Submit, the answers will be validated against the information on the Medicaid provider file. If validation is unsuccessful, you will need to contact the provider for accurate answers and re-request secured access. If validation is successful, you will receive a confirmation message and an email will be generated and sent to your email address.

**Step 4 - Upon receipt of confirmation email, click link within email** - upon receipt of the confirmation email, click on the link within it. This link will navigate you to the web portal sign in screen.

**Step 5 - Sign in to the secured portal** - signing in to the web portal will activate the secured access for you and the rest of the provider's organization. You should now see all secured functionality (i.e. Claims Entry, Member Eligibility, etc.). If not, please contact the Web Portal Support Helpdesk at 866-352-0496.

If you haven't done so already, you can begin/continue creating (or modifying) your user organization. Click Add New Users or View/Edit Users from the Quick Links on the left. For more complete instructions, please refer to the Quick Reference for Establishing a Provider Organization.

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## Physician or Supplier Information

<b>Physician or Supplier Information</b>					
Date of Current ▼ 	If patient has had same or similar illness, give first date. 			Enter Patient's ability to Work in Current occupation from and to 	
Name of Referring Provider	Referring Provider API ▼	ID Qualifier ▼	Medical Provider ID ▼		
Reserved for Local Use				Registration Dates related to current services from and to 	
<b>CLIA</b>	Physician or Machine or Release or Injury				
A. <input type="text"/> B. <input type="text"/> C. <input type="text"/> D. <input type="text"/> E. <input type="text"/> F. <input type="text"/> G. <input type="text"/> H. <input type="text"/> I. <input type="text"/> J. <input type="text"/> K. <input type="text"/> L. <input type="text"/>					
				Service Authorization # <input type="text"/>	
				<b>Outpatient Lab &amp; Charges</b> <input type="checkbox"/> Y <input checked="" type="checkbox"/> N <input type="text"/> Yes/No	
				<div style="border: 2px solid red; padding: 5px;">This is not required</div>	

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## Service Line Item

**Total Submitted Charges \$0.00**

**Click on "Add Service Line Item" Buttons to add additional Line Items**

**Add Service Line Item**

Line #	Service Dates	Procedure Code	Modifiers	Diag Positions	Submitted Charges	Units
Begin	End	Code	1 2 3 4	1 2 3 4		
1						

**Add Line Item**

**Save | Reset | Cancel**

\*Service Date Begin  \*Service Date End  \*Type of Service

\*Procedure Code  Modifier 1  2  3  4

Diagnosis Position 1  2  3  4

\*Submitting Provider NPI  \*Units

\*Quicker  Submitting Provider ID #

Emergency Indicator ☐ Yes ☒ No EPST Indicator ☐ Yes ☒ No Family Planning Indicator ☐ Yes ☒ No

**Supplemental Data (Line 24 - Shaded Area)**

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### Saved Service Line Items

**Total Submitted Charges: \$50.00** **Click on Service Line Item to view**

Add Service Line Item						
Line #	Service Dates Begin End	Procedure Code	Modifiers 1 2 3 4	Diag Positions 1 2 3 4	Submitted Charges	Units
1	05/23/2011 05/23/2011	99213		1	\$20.00	1
2	05/23/2011 05/23/2011	12044		1	\$30.00	1

**1 - 2 of 2** **Save | Delete | Cancel**

**Edit Line Item**

\*Service Date Begin: 05/23/2011  
 \*Procedure Code: 12044  
 \*Diagnosis Position: 1  
 \*Modifier: 1  
 \*Submitting Charges: 630.00  
 \*Qualifier: 1  
 \*Rendering Provider I.D. #: 1234567891  
 Emergency Indicator: ☐ Yes ☒ No  
 Family Planning Indicator: ☐ Yes ☒ No

**Supplemental Data (Line 24 - Shaded Area)**

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### Service Location and Attachments

**Service Location**

Federal Tax ID #  SSN EIN

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\* Patient Account #     Accept Assignment ☐ Yes ☐ No    \*\* Total Charges \$  0.00    Amount Paid \$  0.00    Balance Due \$  0.00

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Does the claim have Attachments ☒ Yes ☐ No

If the Claim has Attachments, select 'Yes' and enter the Attachment Control Number Information.

Attachment Control Number (ACN)

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\* Patient Account Number     \* Date of Service      \* Sequence Number

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### Service Facility Location Information

**Service Facility Location Information**

Org / Last Name     First Name     MI

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Address 1     City     State

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Address 2     Zip and Extension

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NPI     ID Qualifier     Medicaid Provider ID/ Taxonomy

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### Billing Provider Information

**Billing Provider Information**

\*Org / Last Name     First Name     MI

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\*Address 1     \*City     \*State

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Address 2     Zip and Extension

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\*NPI     ID Qualifier     Medicaid Provider ID/ Taxonomy

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- From the Claims page, after entering all the required information, you can choose to
  - submit the claim by clicking on the 'Submit Claim' button,
  - Reset all the entered fields by clicking on the 'Reset' button or;
  - navigate to the 'Claims Main Page' by clicking on 'Cancel' button.



- After clicking on the 'Submit Claim' button, you will be transferred to the 'Claims Submitted Page' to view results.



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### Claim Submitted Page

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties. Your Professional claim has been successfully submitted. Please print and attach this sheet to the front of any additional documentation required.

**Claim Information**

ICM Numbers:  
 201319020000001  
 201319020000002  
 201319020000003

Date of Service:  
 03/14/2015 - 03/14/2015  
 04/02/2015 - 04/02/2015  
 04/12/2015 - 04/12/2015

Procedure/Modifier:  
 T805  
 T805  
 T807

ACN: [REDACTED]  
 Provider ID: [REDACTED]  
 Provider Name: [REDACTED]  
 Member ID: [REDACTED]  
 Member Name: [REDACTED]

Total Charges: \$ 3,640  
 Submission Date/Time: Wed Apr 29 14:27:59 EDT 2015

**Mailing Address**

Please send additional documentation to the following address:


**Department of Medical Assistance Services**  
 Post Office  
 P.O. Box 27444  
 Richmond, Virginia 23261-7444


Click on "Print Submission Page" button to print this submission page.

Click on "Submit Another Claim" button to navigate to the page where you can submit another professional claim.

Click on "Claims Main Page" button to navigate to the Claims Main Page.

Click on "Back to Template" button to navigate to the page where you can select another professional claim template.





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### Create a Professional Template CMS-1500







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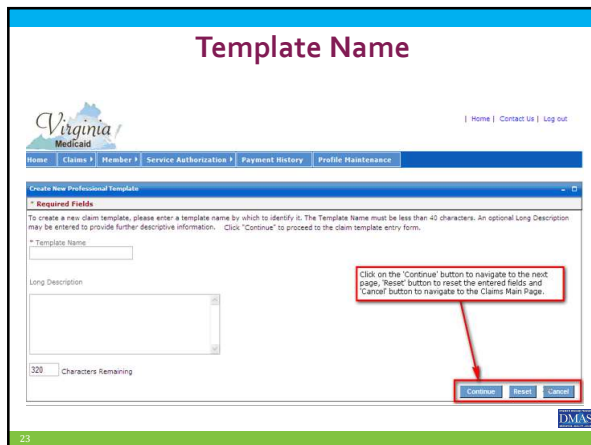
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• After entering the required information, you can

- navigate to the 'Create Professional Template – Template Name' page by clicking on the 'Continue' button
- reset the entered fields by clicking on the 'Reset' button or;
- navigate to the Claims Main Page by clicking on the 'Cancel' button.

Continue

Reset

Cancel

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- From this template page you can
  - save the template by clicking on 'Save Template' button
  - reset all the entered fields by clicking on the 'Reset' button or;
  - navigate to the 'Create New Professional Template' page by clicking on the 'Cancel' button.

Save Template Reset Cancel



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## Save Template



Home Claims Member Service Authorization Payment History

Save Template

Template saved Successfully
 Create Another Template
Claims Main Page



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## DDE Tips

- Recommend using 6.0 or higher Internet Explorer
- Web-based cursor must be placed in correct location
- Templates limited to 100
- Be as specific as possible when naming templates- they are to be shared
- Data entry only-no edits
- Print or save confirmation- Claim Submitted Page
- You will not receive prompts to submit required Supplemental Data
- Don't worry about capitalization, punctuation, or symbols (except for TPL Supplemental Data)
- 3 year limit for adjustments and voids



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[illegible]A chalkboard with a wooden frame. The word "QUESTIONS" is written in large, bold, white chalk letters at the top. Below it, a large white question mark is drawn. A small white eraser is visible on the bottom right edge of the chalkboard.